



IPW 1A

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Complete if Known	
		Application No.	10/765,970
		Filing Date	January 29, 2004
		First Named Inventor	Seong Rae LEE
		Group Art Unit	1773
		Examiner Name	Nikolas J. Uhlir
Total Number of Pages in This Submission <u>59</u>		Attorney Docket No.	1751-350
		Customer No.	6449
<b>ENCLOSURES (check all that apply)</b>		Confirmation No.	2343

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

### REMARKS:

L:\1751\1751-350.AMNDTRNS.wpd

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Monica S. Davis, Reg. No. 44,492			
SIGNATURE		DATE	March 15, 2005	DEPOSIT ACCT USER ID
				02-2135

**FEE TRANSMITTAL**

for FY 2005

(Small Entity)



		Complete if Known	
		Application Number	10/765,970
		Filing Date	January 29, 2004
		First Named Inventor	Seong Rae LEE
		Examiner Name	Nikolas J. Uhliir
		Group Art Unit	1773
<input checked="" type="checkbox"/> Applicant claims small entity status		Attorney Docket Number	1751-350
Total Amount of Payment	(\$225.00)	Confirmation Number	2343

**METHOD OF PAYMENT** (check one)

- The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
- Payment by check enclosed

**FEES CALCULATION**
**1. FILING, SEARCH AND EXAMINATION FEES**

Code	Fee	Fee Description	Fee Paid
1001	150	Utility Filing Fee	[ ]
1111	250	Utility Search Fee	[ ]
1311	100	Utility Examination Fee	[ ]
1002	100	Design Filing Fee	[ ]
1112	50	Design Search Fee	[ ]
1312	65	Design Examination Fee	[ ]
1003	100	Plant Filing Fee	[ ]
1113	150	Plant Search Fee	[ ]
1313	80	Plant Examination Fee	[ ]
1004	150	Reissue Filing Fee	[ ]
1114	250	Reissue Search Filing Fee	[ ]
1314	300	Reissue Examination Fee	[ ]
1005	100	Provisional Filing Fee	[ ]

**SUBTOTAL** \$

**2. CLAIMS**

Total Claims	Independent	Extra Claims	Fee \$25 =	Fee Paid
[ ] - 20* = [ ] x				
Claims [ ] - 3* = [ ] x			100 = [ ]	
Multiple Dependent Claims		+ [ ]	180 = [ ]	

\*or number previously paid, if greater

**SUBTOTAL** \$

**FEES CALCULATION** (continued)

**4. ADDITIONAL FEES**

Fee Code	Fee Paid	Fee Description	Fee Paid
1051	65	Surcharge - late filing fee or oath	[ ]
1052	50	Surcharge - late provisional filing fee or cover sheet	[ ]
1053	130	Non-English specification	[ ]
1812	2,520	For filing a request for reexamination	[ ]
1804	920	Requesting publication of SIR prior to Examiner action	[ ]
1805	1,840	Requesting publication of SIR after Examiner action (reduced by basic filing fee paid)	[ ]
1251	60	Extension for reply within first month	[ ]
1252	225	Extension for reply within second month	[225.00]
1253	510	Extension for reply within third month	[ ]
1254	795	Extension for reply within fourth month	[ ]
1255	1,080	Extension for reply within fifth month	[ ]
1401	250	Notice of Appeal	[ ]
1402	250	Filing a brief in support of an appeal	[ ]
1403	500	Request for Oral Hearing	[ ]
1451	1,510	Petition to institute a public use proceeding	[ ]
1452	500	Petition to revive -unavoidable	[ ]
1453	1,500	Petition to revive - unintentional	[ ]
1807	50	Processing fee under 37 CFR 1.17(q)	[ ]
1806	180	Submission of Information Disclosure Statement	[ ]
1809	790	Filing a submission after final rejection (37 CFR .129(a))	[ ]
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	[ ]
1801	790	Request for Continued Examination (RCE)	[ ]
1802	900	Request for expedited examination of a design application	[ ]
1504	300	Publication fee for early, voluntary, or normal publication	[ ]
1505	300	Publication fee for republication	[ ]
1455	200	Filing application for patent term adjustment	[ ]
1456	400	Request for reinstatement of term reduced	[ ]
1814	130	Statutory Disclaimer	[ ]
		Other fee (specify)	[ ]

**3. APPLICATION SIZE FEE**

Total Sheets [ ] - 100 = [ ]/50 = [ ]\*\* x \$125 =

**SUBTOTAL** \$225.00

\*\* Number of each additional 50 or fraction thereof

**SUBTOTAL** \$

SUBMITTED BY			Complete (if applicable)	
NAME AND REG. NUMBER		Monica S. Davis, Reg. No. 44,492		
SIGNATURE				DATE March 15, 2005
		DEPOSIT ACCOUNT USER ID:		